	EC(140 = 2			<u> </u>	0THER THAN
CLAIMS /	AS FILED - PART I		YPE	``'□ º'	
01	(Column 1)	(Column 2)	RATE	FEE	RATE FEE
S. NATIONAL STAGE FEES			ASIC FEE	170	OR BASIC FEE 300
			XAM. FEE	+ - 1	EXAM FEE 200
ASIC FEE		}	SEARCH FE	-	SEARCH FEE 400
XAMINATION FEE			X \$ 125	-11	X \$ 250 =
SEARCH FEE	minus 100 =	/ 50 =	X \$ 125		OR X \$ 50 =
FEE FOR EXTRA SPEC. PGS.	minus 20 =				OR X \$ 200 =
TOTAL CHARGEABLE CLAIMS	minus 3 =		X \$ 100		OR +\$360=
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM The difference in column	PRESENT		+ \$ 18		OR TOTAL 900
CCOlum CLAIR REMAIL AFTI AMEND Total * Independent * FIRST PRESENTATION	AS NING PR	IGHEST NUMBER REVIOUSLY PAID FOR = ENT CLAIM (Column 2) (Column 3	X \$ + \$	25 = 100 = 180 = 14 ADDIT.	OR X \$ 50 = OR X \$ 200 = OR + \$ 260 = OR TOTAL ADDIT.
	umn 1)	HIGHEST PRESENT		RATE TIC	DNAL RATE TIONAL FEE
	MAINING FTER	PREVIOUSLY EXTRA PAID FOR	-1 F	(\$25=	OR X \$ 50 =
AME	Minus	=	\perp	\$ 100 =	OR X \$ 200 =
Total Total .	Minus	***	J	+ \$ 180 =	OR + \$ 360 =
FIRST PRESENT/	ATION OF MULTIPLE DEPE	NDENT CLAIM L_		OTAL ADDIT.	OR TOTAL ADDIT.
* If the entry in column ** If the "Highest Numb	1 is less than the entry in column or Previously Paid For IN THIS S or Previously Paid For IN THIS S or Previously Paid For (Total or in	12, write "0" in column 3. SPACE is less than '20', enter "2' SPACE is less than '3', enter "3' SPACE is less than '3', enter "3".	o". er found in th	e appropriate box	c in column 1. odemark Office - U.S. DEPARTMENT OF COM